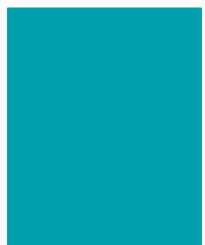
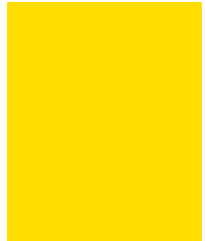
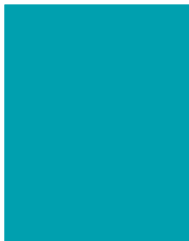




Florida Department of Health
Agency Strategic Plan
2016-2018



Rick Scott

GOVERNOR

Celeste Philip, MD, MPH

STATE SURGEON GENERAL
AND SECRETARY

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Executive Summary

The Florida Department of Health conducted a strategic planning process during the summer of 2015 to define the direction and course of the agency for consumers, employees, administrators and legislators for the next three years. This strategic plan will position the Department to operate as a sustainable integrated public health system under the current economic environment and to provide our residents and visitors with high quality public health services. This is a living document that we will evaluate and update regularly to address new challenges posed by the changing environment of public health in Florida.

Executive leadership championed the planning process which involved participation from numerous internal stakeholders including division and office directors, county health officers, program managers and program staff over a two month period. Leadership also engaged in discussions with staff from the Executive Office of the Governor, the Department's governing body, during the planning process. We considered key support functions required for efficiency and effectiveness and sought to articulate what we plan to achieve as an organization, the actions we will take, and how we will measure our success.

The Department approached the strategic planning process with a number of guiding principles in mind:

- Children, adults, and families are at the center of public health activities.
- Individuals, families, businesses, schools, civic organizations, faith-based groups and local government are responsible for child, adult, family and community health.
- Social determinants dominate health outcomes.
- Health equity promotion is part of every public health activity.
- Interventions to promote public health are evidence-based and community supported.
- Veterans deserve particular support.

Mission – Why do we exist?

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Vision – What do we want to achieve?

To be the Healthiest State in the Nation.

Values – What do we use to achieve our mission and vision?

Innovation: We search for creative solutions and manage resources wisely.

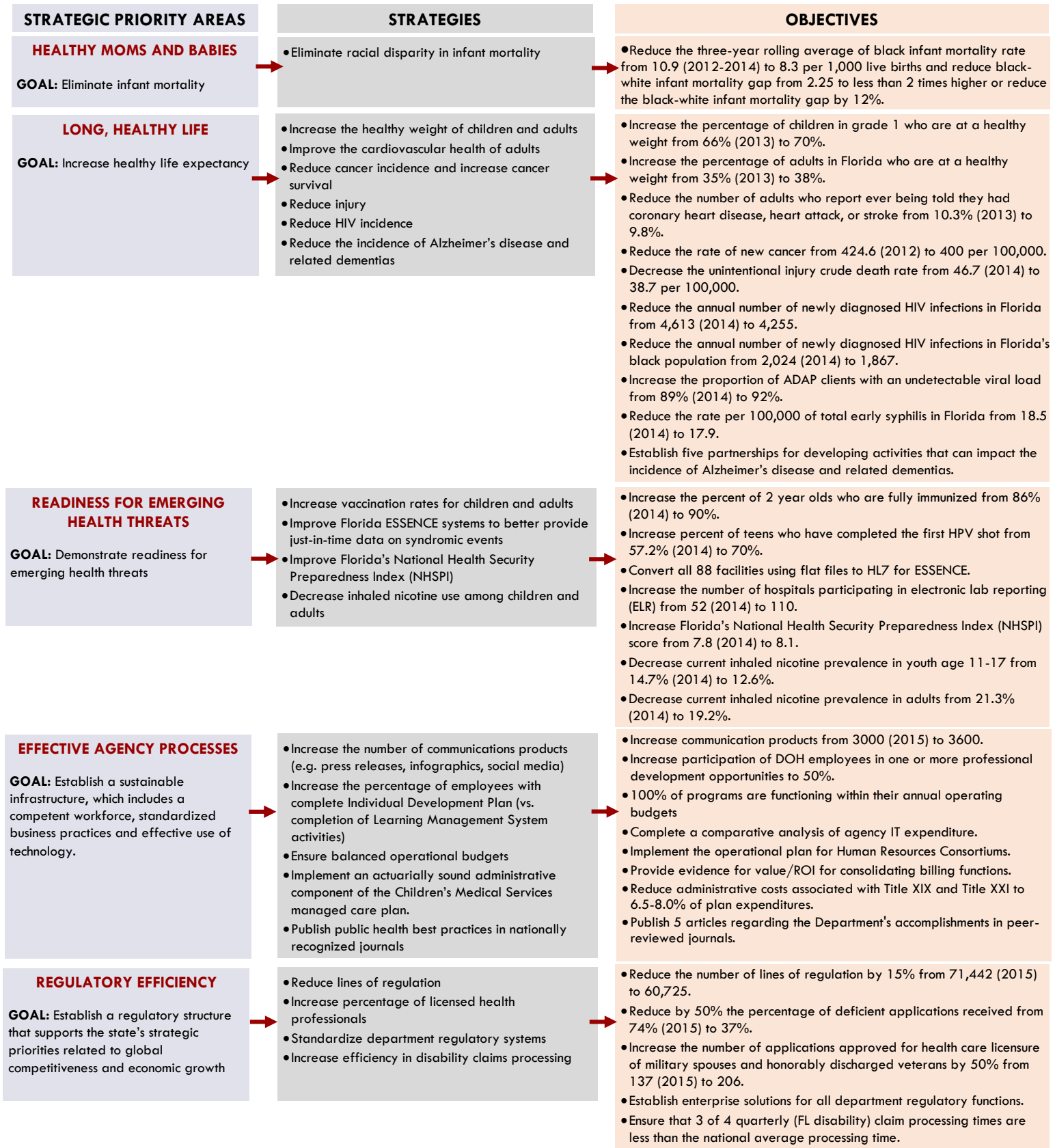
Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

STRATEGY MAP



Strategic Priorities

Priority 1: Healthy Moms and Babies

Goal 1.1: Eliminate infant mortality

| Strategy | Objective |
|--|--|
| 1.1.1 Eliminate racial disparity in infant mortality | A By December 31, 2018, reduce the three-year rolling average of black infant mortality rate from 10.9 (2012-2014) to 8.3 per 1,000 live births and reduce black-white infant mortality gap from 2.25 to less than 2 times higher or reduce the black-white infant mortality gap by 12%. |

Priority 2: Long, Healthy Life

Goal 2.1: Increase healthy life expectancy

| Strategy | Objective |
|---|--|
| 2.1.1 Increase the healthy weight of children and adults | A By December 31, 2018, increase the percentage of children in grade 1 who are at a healthy weight from 66% (2013) to 70%. |
| | B By December 31, 2018, increase the percentage of adults in Florida who are at a healthy weight from 35% (2013) to 38%. |
| 2.1.2 Improve the cardiovascular health of adults | A By December 31, 2018, reduce the number of adults who report ever being told they had coronary heart disease, heart attack, or stroke from 10.3% (2013) to 9.8%. |
| 2.1.3 Reduce cancer incidence and increase cancer survival | A By December 31, 2018, reduce the rate of new cancer from 424.6 (2012) to 400 per 100,000. |
| 2.1.4 Reduce injury | A By December 31, 2018, decrease the unintentional injury crude death rate from 46.7 (2014) to 38.7 per 100,000. |
| 2.1.5 Reduce HIV incidence | A By December 31, 2018, reduce the annual number of newly diagnosed HIV infections in Florida from 4,613 (2014) to 4,255. |
| | B By December 31, 2018, reduce the annual number of newly diagnosed HIV infections in Florida's black population from 2,024 (2014) to 1,867. |
| | C By December 31, 2018, increase the proportion of ADAP clients with an undetectable viral load from 89% (2014) to 92%. |
| | D By December 31, 2018, reduce the rate per 100,000 of total early syphilis in Florida from 18.5 (2014) to 17.9. |
| 2.1.6 Reduce the incidence of Alzheimer's disease and related dementias | A By December 31, 2018, establish five partnerships for developing activities that can impact the incidence of Alzheimer's disease and related dementias. |

Priority 3: Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

| Strategy | Objective |
|---|---|
| 3.1.1 Increase vaccination rates for children and adults | A By December 31, 2018, increase the percent of 2 year olds who are fully immunized from 86% (2014) to 90%. |
| | B By December 31, 2018, increase percent of teens who have completed the first HPV shot from 57.2% (2014) to 70%. |
| 3.1.2 Improve Florida ESSENCE systems to better provide just-in-time data on syndromic events | A By December 31, 2018, all 88 facilities using flat files to populate ESSENCE will convert to HL7. |
| | B By December 31, 2018, increase the number of hospitals participating in electronic lab reporting (ELR) from 52 (2014) to 110. |
| 3.1.3 Improve Florida's National Health Security Preparedness Index | A By December 31, 2018, increase Florida's National Health Security Preparedness Index (NHSPI) score from 7.8 (2014) to 8.1. |
| 3.1.4 Decrease inhaled nicotine use among children and adults | A By December 31, 2018, decrease current inhaled nicotine* prevalence in Florida youth age 11-17 from 14.7% (2014) to 12.6%. *Inhaled nicotine includes cigarettes, cigars, flavored cigarettes, flavored cigars, hookah, and e-cigarettes. |
| | B By December 31, 2018, decrease current inhaled nicotine** prevalence in adults from 21.3% (2014) to 19.2%. **Adult inhaled nicotine includes cigarettes, cigars, hookah, and e-cigarettes. |

Priority 4: Effective Agency Processes

Goal 4.1: Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology.

| Strategy | Objective |
|--|---|
| 4.1.1 Increase the number of communications products (e.g. press releases, infographics, social media) | A By June 30, 2018, increase communication products from 3000 (2015) to 3600. |
| 4.1.2 Increase the percentage of employees with complete Individual Development Plan (vs. completion of Learning Management System activities) | A By December 31, 2018, increase participation of DOH employees in one or more professional development opportunities to 50%. |
| 4.1.3 Ensure balanced operational budgets | A By June 30, 2016, 100% of programs are functioning within their annual operating budgets |
| | B By December 31, 2016, complete a comparative analysis of agency IT expenditure. |
| | C By December 31, 2016, implement the operational plan for Human Resources Consortiums. |
| | D By December 31, 2016, provide evidence for value/ROI for consolidating billing functions. |

| | | |
|--|---|---|
| 4.1.4 Implement an actuarially sound administrative component of the Children's Medical Services managed care plan | A | By December 31, 2017, reduce administrative costs associated with Title XIX and Title XXI to 6.5-8.0% of plan expenditures. |
| 4.1.5 Publish public health best practices in nationally recognized journals | A | By December 31, 2018, publish 5 articles regarding the Department's accomplishments in peer-reviewed journals. |

Strategic Priority 5: Regulatory Efficiency

Goal 5: Establish a regulatory structure that supports the state's strategic priorities related to global competitiveness and economic growth.

| Strategy | Objective | |
|--|------------------|---|
| 5.1.1 Reduce lines of regulation | A | By June 30, 2016, reduce the number of lines of regulation by 15% from 71,442 (2015) to 60,725. |
| 5.1.2 Increase percentage of licensed health professionals | A | By December 31, 2017, reduce by 50% the percentage of deficient applications received from 74% (2015) to 37%. |
| | B | By December 31, 2016, increase the number of applications approved for health care licensure of military spouses and honorably discharged veterans by 50% from 137 (2015) to 206. |
| 5.1.3 Standardize department regulatory systems | A | By December 31, 2017, establish enterprise solutions for all department regulatory functions. |
| 5.1.4 Increase efficiency in disability claims processing | A | By December 31, 2016, ensure that 3 of 4 quarterly (FL disability) claim processing times are less than the national average processing time. |

Appendix A

The Florida Department of Health Agency Strategic Planning Participants

Executive Leadership

John H. Armstrong, MD, FACS
Surgeon General & Secretary

Kim E. Barnhill, MS, MPH
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Michele Tallent
Office of Budget & Revenue
Management

Rhonda Wilson
Division of Disability Determinations

County Health Officers

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DOH—Okaloosa

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DOH—Miami-Dade

Mary K Burns, MBA, BSN, RN
DOH—DeSoto

Marsha Player Lindeman, ARNP, MSN
DOH—Gulf

Mike Napier, MS
DOH—Pasco

Claudia Blackburn, MPH, RN
DOH—Leon

Kevin Sherin, MD, MPH, MBA
DOH—Orange

Mark Lander, MS
DOH—Columbia

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Administrator

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Perf. Improvement Consultant

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Chronic Disease Bureau Chief

Cheryl Clark, DrPH
Sr. MCH Epidemiologist

Adrian Cooksey, DrPH, MPH
STD Section Administrator

Felisha Dickey, MPA, MSW
Cancer Program Director

Julia Fitz, MPH
Health Services Program Analyst

Bonnie Gaughan-Bailey, ASQ-CQIA
Division Strategic Ops. Manager

Bob Griffin
Immunization Section Administrator

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Family Planning Program
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Performance Measure Manager

Daphne Holden, PhD
Community Health Improvement
Manager

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Statewide Services Administrator

Carol Scoggins, MS
Maternal & Child Health Section
Administrator

Becky Keyes, ASQ-CMQOE
Planning Consultant

Sophee Payne
Community Health Assessment
Intern

Phil Street, MPA
Research Manager

Mike McHargue
Preparedness and Response Bureau
Chief

Andy Reich, MS, MSPH, RRT
Interim Environmental Health Bureau
Chief

Laura Reeves, ASQ, CMQ/OE
TB Section Administrator

Appendix B

Planning Summary

The Florida Department of Health executive leadership, composed of the State Surgeon General, the Chief of Staff and the deputies, oversaw the development of the Agency Strategic Plan. Executive leadership first laid out the timeline and framework for the plan, then discussed and agreed to preserve the current mission, vision, and values of the Department. Staff conducted an environmental scan of the agency (sources listed in Appendix E) and executive leadership reviewed the environmental scan and the progress of the current Agency Strategic Plan to formulate potential strategic priority areas. After some deliberation and discussion with the governing body and external partners, they finalized the strategic priority areas: healthy moms and babies; long, healthy life; readiness for emerging health threats; effective agency processes; and regulatory efficiency.

Department staff presented the environmental scan analysis to state health office division and office directors who reviewed the findings and participated in a facilitated discussion of agency strengths, weaknesses, opportunities and threats (SWOT). They included information management, communications, programs and services, budget (financial sustainability), and workforce development as agenda items for discussion in their SWOT meeting. Executive leadership then used the SWOT analysis (Appendix C), environmental scan, agency mission, vision and values to develop agency goals and strategies.

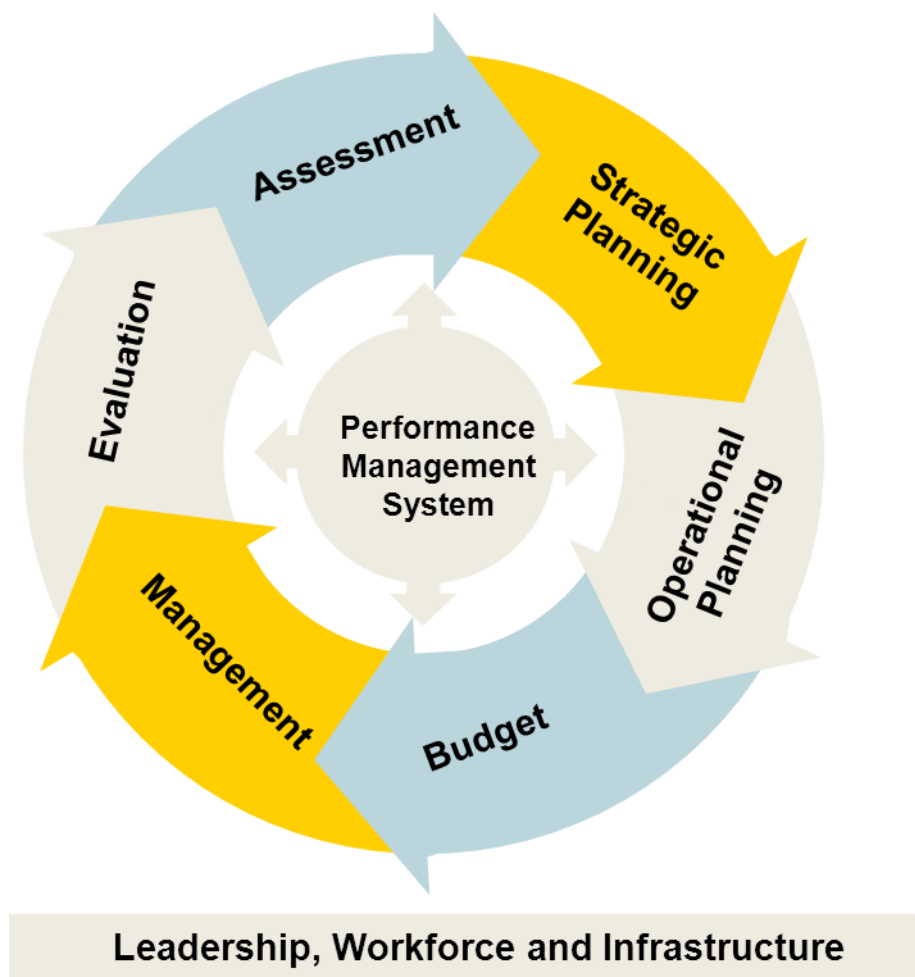
During a two-day, face-to-face meeting with staff from various levels in the Department, including representatives from each regional county health department consortium and program council, input and feedback were provided on the developed goals and strategies, and measurable objectives were developed. Facilitators then worked with program managers and their staff to review and verify the strategies and objectives for each priority area. The revised proposal was then routed back to executive leadership for comment and approval.

The following is the Agency Strategic Plan schedule of meetings:

| DATE | MEETING TOPIC | ATTENDEES |
|---------------------------------------|---|--|
| June 22, 2015 | Establish timeline, mission, vision, and values | Executive Leadership |
| June 29, 2015 | Review environmental scan and discuss possible strategic priority areas | Executive Leadership |
| July 23, 2015 | Finalize strategic priority areas | Executive Leadership, Governing Body & External Partners |
| July 29, 2015 | SWOT Analysis | Executive Leadership & State Health Office Directors |
| July 30, 2015 | Review SWOT analysis and develop goals and strategies for Agency Strategic Plan | Executive Leadership |
| Aug. 3-4, 2015 (face-to-face meeting) | Review current Agency Strategic Plan, provide input on the goals and propose measurable objectives and activities | Various staff (see appendix A) |
| Aug. 11, 2015 | Discuss proposal and draft Agency Strategic Plan | Executive Leadership |
| Aug. 31, 2015 | Discuss and modify draft Agency Strategic Plan | Executive Leadership |
| Sept. 21, 2015 | Review final draft of Agency Strategic Plan goals and objectives | Executive Leadership |

Monitoring Summary

As depicted in the image below, the strategic planning is a key component of the larger performance management system. This statewide performance management system is the cornerstone of the Department's organizational culture of accountability and performance excellence. The Department's Strategy and Performance Improvement Leadership (SPIL) Team consists of the Chief Operating Officer, state health office directors, and quality improvement liaisons, and is responsible for measuring, monitoring and reporting progress on the goals and objectives of the Agency Strategic Plan, State Health Improvement Plan, Quality Improvement Plan, and general performance management. The Team meets monthly to discuss recommendations about tools and methods that integrate performance management into sustainable business practices. Each objective has been assigned to a division within the agency (Appendix D) for implementation and quarterly reporting to Florida Health Performs. On a quarterly basis, the SPIL Team will review quarterly agency strategic plan tracking reports for progress toward goals. Annually, an agency strategic plan progress report will be developed by the team and presented to executive leadership, assessing progress toward reaching goals, objectives and achievements for the year. The Agency Strategic Plan will be reviewed by January each year, based on an assessment of availability of resources, data, community readiness, the current progress and the alignment of goals.



Appendix C

Strengths, Weaknesses, Opportunities and Threats

Strengths

| |
|---|
| Investing in research, transparency in results, research symposiums |
| Our workforce is diverse and culturally competent |
| Partnerships at the state level and local level are strong and abundant |
| Every county has an active community health improvement planning partnership, and a community health improvement plan |
| Active and effective partnerships with stakeholders at the state level |
| Integrated agency that provides a statewide comprehensive public health system (i.e. lab, pharmacy, county health departments (CHDs), Children's Medical Services (CMS) clinics, health care practitioner regulation and licensing). The Department has its' responsibilities outlined in Florida Statutes. There is a CHD in each of Florida's 67 counties. DOH is a centralized organization; the CHDs are part of the department. |
| The Division of Medical Quality Assurance has strong provider assessment capability |
| Physician and dental workforce assessments already completed |
| Florida's public health statutes have been recently reviewed and are keeping pace with scientific developments and current constitutional, legal and ethical changes |
| ESF8 response/strong preparedness infrastructure |
| Emerging technologies in health care including telemedicine and electronic health records create efficiencies and opportunities to expand services |
| The Department supports pilot and demonstration projects and has many model practices that can be shared |
| The Department purchases pharmaceuticals at federal pricing – resulting in cost savings |
| There are organizational processes in place that demonstrate commitment to performance management and improvement |
| Expertise in collecting, reporting and analyzing health statistics and vital records |
| Ability to collect and provide comparative data through Department surveillance systems and surveys (CHARTS, Merlin, BRFSS, HMS etc.) |
| We administer public health through 67 CHDs. They are the primary service providers in the areas of infectious disease control and prevention, family health services and environmental health services. Statewide functions such as the laboratories, Vital Statistics, a state pharmacy, disaster preparedness and emergency operations ensure efficient and coordinated approaches to monitoring diseases and responding to emerging needs at a population level |
| We have public health preparedness plans, partnerships, expertise and leadership in the health and medical component of all-hazards planning, preparation (including training and exercising), staff and material support for potential catastrophic events that may threaten the health of citizens and compromise our ability to deliver needed health care services |
| Committed to continuous quality improvement and creating a culture of quality, as evident by participation in accreditation activities |
| Effective marketing methods through programs like Tobacco Free Florida |
| Improved understanding of privacy and confidentiality laws and promoted coordination across programs and system wide |

| |
|---|
| Weaknesses |
| Resources for training, continuing education, recruitment and retention |
| Succession planning, career ladders, advancement and leadership opportunities |
| Lack of resources prioritized for program monitoring/evaluation and quality improvement activities |
| Barriers to internal communication; reluctance to express opinions that may be contrary to current policy |
| Number of health care providers in rural areas |
| Decreasing CHD capacity to provide locally needed services |
| Lack of comprehensive evaluation of health communications, health education and promotion interventions |
| Lack of standards for health communication and resource materials to reach targeted populations with culturally and linguistically appropriate messaging |
| Increased demand for services without the capacity to meet the demand; resources are shrinking as a result of the economy |
| Lack of standard process maps for administrative and financial processes |
| Inconsistent conduction of periodic reviews on the effectiveness of the state surveillance systems |
| Opportunities |
| National awareness for healthier lifestyles and interest in workplace wellness programs |
| Recruitment of health care practitioners and public health professionals |
| Re-assess, re-evaluate health care practitioner assessments that DOH performs |
| Leverage partnerships among agencies and institutions of higher learning to enhance and improve current workforce capacity in order to support education of future public health professionals |
| Educate public and policy makers about public health |
| Participation in proposing changes to regulations |
| Use effective, evidence-based strategies and model practices |
| Include health impact assessments in planning |
| Telemedicine use to expand services |
| Robust public health statutes |
| Partnerships with non-profit hospitals to conduct community health needs assessments and preventative activities |
| Common priority health issues among state and locals present opportunities for system wide support and collaboration |
| Implement reviews of partnership development activities and their effectiveness |
| Regionalize the processing of accounts payable, billing, human resources and purchasing |
| Increased opportunity for the population to be insured |
| Shift in clinical practices locally to population health prevention services |
| Shift in public awareness and interest in social determinants of health |
| Leverage Medicaid managed care for public health improvement |
| Collaborating with tribal health councils |
| Ability to increase preventative dental services |
| Broader knowledge and promotion of health in all policies, especially in urban planning (e.g. smart growth, multi-modal transportation, etc.) |
| Increase leveraging of the Medicaid Family Planning Waiver program. This Waiver program allows women who have had a recent Medicaid paid service to retain coverage for family planning services for up to two years. Since over half of births in Florida were covered by Medicaid, this covers many |

women. The prevention of an unplanned pregnancy or another pregnancy in close proximity to a recent birth has the potential to lower infant mortality and reduce public assistance costs. CHDs do the eligibility determination for the Family Planning Waiver and can influence participation in this program through outreach.

Partner with DOE and the local school systems to increase physical activity among children and nutrition in the schools. Encourage after-school programs to emphasize physical activity, issue awards for physical activity efforts, grade schools on their commitment to encouraging healthy behaviors on the part of their students, etc.

Threats

Aging population

Funding cuts to programs and FTEs

Fewer benefits for workers

Shortage of health care providers

Emerging geographic health care shortage areas

Increased demands for care due to demographic shifts and economic situations

Program and funding cuts shift burdens to other segments of the public health system

Increased need for behavioral health services

Overuse of emergency rooms for primary care

Changes in educational practice and school curriculum impacts learning healthy lifestyles

Improved technology has encouraged more sedentary lifestyles, particularly among children

Emerging public health threats including infectious diseases, natural disasters and concurrent complacency in terms of family and business preparedness planning

Lack of residency slots for practitioners educated in Florida

No reciprocity for dental licenses in Florida

Inconsistent behavioral health services across counties

Need to improve health status and reduce disparities in chronic diseases, tobacco use, overweight/obesity, low physical activity levels, diabetes, unintentional injury, prescription drug abuse, infant mortality and prematurity, unintended and teen pregnancy, breastfeeding, child abuse/neglect, adverse childhood events, oral health, depression and behavioral health, adult substance abuse, HIV, influenza, access to care, and emerging health issues.

The transition to population health from clinical, reduces the Department's ability to respond to infectious disease outbreaks, such as H1N1, without relying on partnership and volunteer professionals

The Department is challenged to compete against the marketing capabilities of the fast food industry, the soft drink industry, etc. The efforts of these entities offset our Healthy Behavior marketing activities.

Florida continues to host a substantial number of medically uninsured persons who have lesser access to health care due in part to a large service and construction industry. Although the economy is recovering many of the new jobs pay low wages and do not provide health insurance.

Good health is often a lesser priority among some Floridians

Appendix D

Work Plan and Alignment

| Objective | Economic Develop. | 2016 LRPP | SHIP | Assigned to | Source |
|---|-------------------|-----------|--------------------|-------------|---|
| By 12/31/2018, reduce the three-year rolling average of black infant mortality rate from 10.9 (2012-2014) to 8.3 per 1,000 live births and reduce black-white infant mortality gap from 2.25 to less than 2 times higher or reduce the black-white infant mortality gap by 12%. | | 1B | AC5.4.4 | DCHP | CHARTS & Annual state vital statistics report, June |
| By 12/31/2018, increase the percentage of children in grade 1 who are at a healthy weight from 66% (2013) to 70%. | | | CD1.2.2 | DCHP | FY 2013-14, Growth and Development Screening with Body Mass Index |
| By 12/31/2018, increase the percentage of adults in Florida who are at a healthy weight from 35% (2013) to 38%. | | 2A | CD1.2.1 | DCHP | Annual BRFSS |
| By 12/31/2018, reduce the number of adults who report ever being told they had coronary heart disease, heart attack, or stroke from 10.3% (2013) to 9.8%. | | | CD3.2.0 | DCHP | Annual BRFSS |
| By 12/31/2018, reduce the rate of new cancer from 424.6 (2012) to 400 per 100,000. | | | CD3.2.0 | DCHP | Florida Cancer Data System |
| By 12/31/2018, decrease the unintentional injury crude death rate from 46.7 (2014) to 38.7 per 100,000. | | 2G | Goal HP4 | DEPCS | DeathStat Database |
| By 12/31/2018, reduce the annual number of newly diagnosed HIV infections in Florida from 4,613 (2014) to 4,255. | | 2B | HP1.3.4 | DDCHP | eHARS |
| By 12/31/2018, reduce the annual number of newly diagnosed HIV infections in Florida's black population from 2,024 (2014) to 1,867. | | 2B | HP1.3.7 | DDCHP | eHARS |
| By 12/31/2018, increase the proportion of ADAP clients with an undetectable viral load from 89% (2014) to 92%. | Goal 3 | 2B | HP1.3.5 | DDCHP | eHARS & ADAP Database |
| By 12/31/2018, reduce the rate per 100,000 of total early syphilis in Florida from 18.5 (2014) to 17.9. | | | HP1.2.0 | DDCHP | PRISM |
| By 12/31/2018, establish five partnerships for developing activities that can impact the incidence of Alzheimer's disease and related dementias. | | | | DCHP | Community Engagement Ad hoc Reports |
| By 12/31/2018, increase the percent of 2 year olds who are fully immunized from 86% (2014) to 90%. | Goal 3 | 3C | HP1.1.1 | DDCHP | FL SHOTS |
| By 12/31/2018, increase percent of teens who have completed the first HPV shot from 57.2% (2014) to 70%. | | | HP1.1.0 | DDCHP | National Immunization Survey |
| By 12/31/2018, convert all 88 facilities using flat files to HL7 from ESSENCE. | | | HP1.4.5 HI1.3.3 | DDCHP | ESSENCE Report |

| Objective | Economic Develop. | 2016 LRPP | SHIP | Assigned to | Source |
|--|-------------------|-----------|--------------------|-------------|---|
| By 12/31/2018, increase the number of hospitals participating in electronic lab reporting (ELR) from 52 (2014) to 110. | | | HP1.4.4 HI1.3.1 | DDCHP | ELR-OLAP |
| By 12/31/2018, increase Florida's National Health Security Preparedness Index (NHSPI) score from 7.8 (2014) to 8.1. | | 3A | HP3.3.0 | DEPCS | NHSPI Index |
| By 12/31/2018, decrease current inhaled nicotine prevalence in Florida youth age 11-17 from 14.7% (2014) to 12.6%. | | 3B | CD4.2.4 | DCHP | Middle School Health Behavior Survey & Florida Youth Tobacco Survey |
| By 12/31/2018, decrease current inhaled nicotine prevalence in adults from 21.3% (2014) to 19.2%. | | | CD4.2.2 | DCHP | Florida Adult Tobacco Survey |
| By 06/30/2018, increase communication products from 3000 (2015) to 3600. | | | | OC | Meltwater Report |
| By 12/31/2018, increase participation of DOH employees in one or more professional development opportunities to 50%. | | | HI3.1.0 | DA | PeopleFirst Performance Report |
| By June 30, 2016, 100% of programs will operate within their annual operating budgets | | | | OBRM | OBRM Quarterly Report |
| By 12/31/2016, complete a comparative analysis of agency IT expenditure. | | | HI1.0.0 | OIT | IT Report |
| By 12/31/2016, implement the operational plan for Human Resources Consortiums. | | | | DA | HR Action Plans |
| By 12/31/2016, provide evidence for value/ROI for consolidating billing functions. | | | HI2.1.4 | DA | HR Action Plans |
| By 12/31/2017, reduce administrative costs associated with Title XIX and Title XXI to 6.5-8.0% of plan expenditures. | Strategy 25 | 2C | AC6.0.0 | DCMS | CMS Plan Admin Cost Analysis |
| By 12/31/2018, publish 5 articles regarding the Department's accomplishments in peer-reviewed journals. | | | | DCHP | Publication report |
| By 06/30/2016, reduce the number of lines of regulation by 15% from 71,442 (2015) to 60,725. | | | | OGC | Rules Query |
| By 12/31/2017, reduce by 50% the percentage of deficient applications received from 74% (2015) to 37%. | Goal 1 | | AC2.1.3 | DMQA | MQA Quarterly Reports |
| By 12/31/2016, increase the number of applications approved for health care licensure of military spouses and honorably discharged veterans by 50% from 137 (2015) to 206. | Goal 1 | | AC2.1.0 | DMQA | MQA Quarterly Reports |
| By 12/31/2017, establish enterprise solutions for all department regulatory functions. | | 5B | | DMQA | MQA Action Plan |
| By 12/31/2016, ensure that 3 of 4 quarterly (FL disability) claim processing times are less than the national average processing time. | | 4A | | DDD | Federal DDD Quarterly Report |

DA Division of Administration
 DCHP Division of Community Health Promotion
 DCMS Division of Children's Medical Services
 DDCHP Division of Disease Control and Health Protection
 DDD Division of Disability Determinations
 DEPCS Division of Emergency Preparedness and Community Support
 LRPP Long Range Program Plan

DMQA Division of Medical Quality Assurance
 OBRM Office of Budget and Revenue Management
 OC Office of Communications
 OGC Office of the General Counsel
 OIT Office of Information Technology
 SHIP State Health Improvement Plan
 Economic Develop. Florida Strategic Plan for Economic Development

Appendix E

Environmental Scan Resources

1. 2015 State Themes and Strengths Assessment
2. [Assessment of 67 current county strategic plans](#)
3. [Agency strategic plan status report](#)
4. [Alzheimer's disease Facts and Figures 2015](#)
5. [Alzheimer's Disease Research Grant Advisory Board Annual Report FY 2014-2015](#)
6. [Assessment of County Health Department Immunization Coverage Levels in Two-Year-Old Children 2015](#)
7. [Behavioral Risk Factor Surveillance System \(BRFSS\) 2013](#)
8. [Biomedical Research Advisory Council Annual Report 2013-2014](#)
9. [Florida Community Health Assessment Resource Tool Set \(CHARTS\)](#)
10. [Division of Medical Quality Assurance Annual Report and Long Range Plan FY 2013-2014](#)
11. Employee Satisfaction Survey 2015 results
12. [Florida Department of Health, Long Range Program Plan 2015-16 through 2019-20](#)
13. [Florida Department of Health, Office of Inspector General Annual Report FY 2013-2014](#)
14. [Florida Department of Health, Year in Review 2013-2014](#)
15. [Florida Middle School Health Behavior Survey Results for 2013](#)
16. Florida Morbidity Statistics Report, 2013
17. [Florida Pregnancy Risk Assessment Monitoring System Trend Report 2000-2011 Executive Summary](#)
18. [Florida Strategic Plan for Economic Development](#)
19. [Florida Vital Statistics Annual Report 2014](#)
20. [Florida Youth Risk Behavior Survey Results for 2013](#)
21. [Florida Youth Tobacco Survey Results for 2014](#)
22. Health Status Assessment 2015
23. [Healthiest weight state profile](#)
24. Leading causes of injury
25. Leading rankable causes of death
26. [Physician Workforce Annual Report 2014](#)
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28. [Tuberculosis Control Section Report 2013](#)
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